

STATE OF IOWA  
BEFORE THE PUBLIC EMPLOYMENT RELATIONS BOARD  
**PETITION FOR AMENDMENT OF BARGAINING UNIT**

INSTRUCTIONS—Submit an original and one (1) copy of this Petition to the Board. If more space is required, attach additional sheets.

DO NOT WRITE IN THIS SPACE

Case No. \_\_\_\_\_

1. Case Number where unit was previously determined by Board, if known \_\_\_\_\_

Description of Existing Unit:

Included:

Excluded:

2. Description of proposed unit:

Included:

Excluded:

3. The affected job classifications and the number of employees involved in each classification:

4. Reason for seeking amendment of unit:

5. Name and Address of Public Employer:

Employer's representative:

Phone No \_\_\_\_\_

6. Certified Employee Organization (if none, so state):

Representative:

Phone No \_\_\_\_\_

7. Names and Addresses of Other Individuals or Organizations Which May Claim to Represent the Employees in the Bargaining Unit (If none, so state):

8. Name and Address of Petitioner:

Petitioner's representative:

Phone No \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date